

## Personal Statement

|                        |   |  |   |                                |                               |  |
|------------------------|---|--|---|--------------------------------|-------------------------------|--|
| Applicant Information  | NAME Last:  |  | NAME First:                                   |                                | NAME Middle:                  |  |
|                        | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  |  | Aliases / Stage Names:                        |                                | Social Security Number:       |  |
|                        | Home Address:   |  |   | City/State/Zip:                |                               |  |
|                        | Date of Birth:    /    /  |  | Phone:  |                                | BIRTHPLACE<br>City:<br>State: |  |
|                        | Are you a U.S. Citizen?   |  | Naturalized? Provide Certificate No. (Yes/No) |                                | Date, Place, Court.           |  |
|                        | Petition Number   |  | Derived Parents Certificate No.               |                                | Alien Register No.            |  |
|                        | <b>*** Note a copy of Resident Alien Card and Drivers License must be provided at the time of application. The application will not be accepted without this documentation.</b>   |  |   |                                |                               |  |
|                        | Native Country  |  | Date of Entry                                 |                                | Port of Entry                 |  |
|                        | Marital Status  |  | If Married, Spouse's Name:                    |                                | Spouse's SS No.               |  |
|                        | Spouse's Date of Birth:   |  | Spouses Employer:                             |                                | Address of Spouse's Employer: |  |
| Business Information   | Business of Employment:   |  |   |                                |                               |  |
|                        | Job Title:  |  |   | Supervisor:                    |                               |  |
|                        | Street Address:   |  |   |                                |                               |  |
|                        | Phone:  |  |   | Length of Employment:          |                               |  |
|                        | % Ownership if any:   |  |   | Salary or Annual Compensation: |                               |  |
| Additional Information | Do you have any financial interest, or are you employed in any wholesale or retail business engaged in distilling, bottling, rectifying, or selling alcoholic beverages: (Yes/No) If Yes, give names and locations of interest in each.<br>1) _____<br>2) _____<br>3) _____ |  |   |                                |                               |  |
|                        | Have you ever had any financial interest in an alcoholic beverage business which was denied a license? (Yes/No) If so give details.   |  |   |                                |                               |  |

**Residences for the Past Ten Years**  
**Employment Record (Most Recent First)**

Has any alcoholic beverage business in which you hold, or have held, a financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of the State Revenue Commissioner or any local ordinances/regulations relating to the sale and distribution of alcoholic beverages?  
 (Yes/No) If so, give Details.

If during the past ten years you have bought and sold any alcoholic beverage business give details (date, license number, persons and considerations involved).

Have you ever been denied bond by a commercial security company? (Yes/No) If Yes, give details.

Have you ever been arrested or held by Federal, State, or Other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinances? A criminal background investigation will be conducted to verify this information. (Do not include traffic violations. All other charges must be included even if they were dismissed.

|                        |      |                 |
|------------------------|------|-----------------|
| Reason Charged or Held | Date | Place of Charge |
| Reason Charged or Held | Date | Place of Charge |

No Arrests? (Yes/No) Attached additional Arrests? (Yes/No)

Please list any other names used by the applicant (maiden name, names by former marriages, former names, aliases, nicknames, etc) Specify which and show dates used.

| From  |      | To    |      | Occupation and Description of Duties Performed | Salaries Received | Employers | Reason for Leaving |
|-------|------|-------|------|--|-------------------|-----------|--------------------|
| Month | Year | Month | Year |  |                   |           |                    |
|       |      |       |      |  |                   |           |                    |
|       |      |       |      |  |                   |           |                    |
|       |      |       |      |  |                   |           |                    |
|       |      |       |      |  |                   |           |                    |
|       |      |       |      |  |                   |           |                    |

| Dates |    | Street | City | State |
|-------|----|--------|------|-------|
| From  | To |        |      |       |
|       |    |        |      |       |
|       |    |        |      |       |
|       |    |        |      |       |
|       |    |        |      |       |
|       |    |        |      |       |
|       |    |        |      |       |
|       |    |        |      |       |
|       |    |        |      |       |

## Personnel Statement Affidavit

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State \_\_\_\_\_ of Georgia, \_\_\_\_\_ County. I  
 \_\_\_\_\_ do solemnly swear, subject to the penalties  
 of false swearing, that the statements and answers made by me as the applicant in the  
 foregoing personnel statement are true and correct.

Applicant's Signature: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ signed his name to the  
 foregoing application stating to me that he knew and understood all statements and answers  
 made therein, and, under oath actually administered by me, has sworn that said statements and  
 answers are true and correct.

Please Attach Original  
 Photograph (front view)  
 taken within the past  
 year (copies are not  
 acceptable).

Sworn and Attested before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature/Seal: \_\_\_\_\_

| Staff Use Only      |                  |
|---------------------|------------------|
| Permit #:           | Permit Fees:     |
| Approved/Denied By: | Expiration Date: |
| Approval Date:      | Denied Date:     |